

# Summer Sports Camp Registration Form

## Resident Internet & Mail In Registration

Begins May 5 (postmark no earlier than April 30)

## Open / Walk In Registration

Begins May 12, 9:00 a.m.

Sports Office, 1111 West Olive Avenue

Register on-line for camps at: [www.burbankparks.com](http://www.burbankparks.com)

Make check(s) payable to **CITY OF BURBANK**

A **\$25 returned check fee** will be charged on every check returned for non payment

## PLEASE REMEMBER:

- Fill out this registration form completely. Be sure to sign and date the bottom of the form. Also, make sure to complete the Parental Consent Form (reverse side of form). Turn in both completed forms at the time of registration.
- Non-residents must add \$10 per person, per camp.
- A \$5.00 refund processing fee will be assessed for each refund. Notification of withdrawal must be given to registration staff a minimum of two (2) weeks prior to the scheduled session start date. Notification given less than two (2) weeks prior to the session start date will result in a 50% refund for each session. A refund will not be issued after camp session begins. In the event that a camp is cancelled by the Park, Recreation and Community Services Department, a full refund will be issued. Refund check p/o Payee will be mailed within 3-5 weeks.

## ADULT PAYEE INFORMATION

First	M	Last	Home Phone ( )
Home Address	City	Zip	Alternate Phone Number ( )
Drivers License / ID Card Number			E-Mail Address

## PARTICIPANT INFORMATION

Name	M/F	Birth Date	T-Shirt Size	Camp Name	Site	Day	Start Time	Fee
			YOUTH S M L XL					\$
			ADULT S M L XL					
			YOUTH S M L XL					\$
			ADULT S M L XL					
			YOUTH S M L XL					\$
			ADULT S M L XL					
			YOUTH S M L XL					\$
			ADULT S M L XL					

I hereby absolve the City of Burbank, its employees, and officers from all liability which may arise as the result of my participation in the above activities; and, in the event that the above named participant is a minor, I hereby give my permission for his or her participation as indicated and in so doing absolve the City of Burbank, its employees, and officers from such liability. I am aware that if my child or I may have registered for a class involving physical activity, I have taken care to enroll at a class level appropriate to my or my child's physical abilities and/or medical condition.

I grant the City of Burbank permission to use my or my child(ren)'s photographs and images for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Burbank.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO PARTICIPATION IN THE PARK, RECREATION AND COMMUNITY SERVICES PROGRAM AND I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

By my signature, I hereby certify that I am eighteen (18) years of age or older.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY

Receipt #	
Check/CC #	

## Special Needs Participant:

To adequately plan for a successful and rewarding experience, please contact the ADA Coordinator at (818) 238-5043 two weeks prior to the activity start date. Ample time is needed to determine accommodation needs.

**BURBANK PARK, RECREATION AND COMMUNITY SERVICES DEPARTMENT  
YOUTH SPORTS PARENTAL CONSENT FORM**

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Any physical ailments coaches should be aware of? (weak ankles, asthma, headaches, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Any medication taken regularly? \_\_\_\_\_  
Any medication allergies? \_\_\_\_\_  
Family Doctor: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**PARENTAL CONSENT FOR YOUTH SPORTS PARTICIPATION**

(I)(We), the undersigned, parents of \_\_\_\_\_ a minor, give permission for my child to participate in the Burbank Park, Recreation and Community Services Department's \_\_\_\_\_ youth sports program.  
(specify sport)

Dated: _____	_____
	Father
_____	_____
Witness	Mother
_____	_____
Witness	Legal Guardian

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

(I)(We), the undersigned, parents of \_\_\_\_\_ a minor, do hereby authorize \_\_\_\_\_ as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective until \_\_\_\_\_, unless sooner revoked in writing delivered to said agent(s).

Dated: _____	_____
	Father
_____	_____
Witness	Mother
_____	_____
Witness	Legal Guardian